

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED
MAY 1 3 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

Full name of candidate: (Last Name) Office Candidate is Seeking Congots If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: (Last Name) Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	I. Name of Lobbyist(s)	<u>Gilles</u>	<u>1151550nn</u>	e-He
III. Name of Client ACLU-NH Date S/19/24 Political Contributions (A matins by Sparse) with by me; For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2,000 Office Candidate is Seeking Congress If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	II. Name of lobbyist's par	tnership, firm or co	orporation, if any:	
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	Full name of candidate:	(Last Nama)	(First Name)	(Middle News G-141-1)
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If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 5.10.24 (Date)
(Print Name of lobbyist)

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